

(Print Name of lobbyist)

PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

# 2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

# RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) Robert Cl   | egg, Perikiis Karoutas                      | , Debra Vanderbeek, Ci                              | nris Hern                       |
|--|---|---|---------------------------------|
| II. Name of lobbyist's partnership, firm o   | er corporation, if any:                     |   |                                 |
| Legislative Solutions, L.L.C.  |   |   |                                 |
| (Name of partnership, firm o   | r corporation)                              |   |                                 |
| P.O. Box 10724   | Bedford                                     | NH  | 03110                           |
| Business Address: (Street)   | (Town/City)                                 | (State)   | (Zip Code)                      |
| (bl/3) 860-3682 (  | )   | e-mail senclegg                                     | @aol.com                        |
| (Telephone)  | (Fax)                                       |   |                                 |
| III. This statement covers: (Choose one – reportable expense transactions which ar   | e not attributable to a                     | ny one client).                                     |                                 |
|  |   |   | the following elem.             |
| ·  | ampground Owners As it appears on the Lobby |   |                                 |
| <u>OR</u>  | is appears on the Boody                     | or regionalion r orm,                               |                                 |
| All reportable transactions by the lobbyis unrelated to any particular client.   | st (including the lobbyis                   | st's family), or the lobbying                       | ng firm listed below which are  |
| IV. Date of Report April 24, 2019 Reports cover: activity from date of registro  | ntion to 3/31/19 a                          | July 31, 2019 🛚 ctivity from 4/1/19 to 6/30/1       | 9                               |
| October 30, 2019<br>activity from 7/1/19 to 9  |   | January 29, 2020 🗍<br>activity from 10/1/19 to 12/3 |                                 |
| V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.                        |   |   |                                 |
| VI. Check if additional reports are attach   | red:  |   |                                 |
| X If you have received fees or made expe   |   | Addendum A- Fees and I                              | Expenses                        |
| ☐ If you have paid an honorarium or reim Expense Reimbursement   | bursed expenses, you m                      | ust file Addendum B- R                              | eport of Honorariums or         |
| ☐ If you, your firm, or your family has ma   | ade political contributio                   | ns, you must file <b>Addend</b>                     | um C- Political Contributions   |
| Sworn Statement/Affirmation by Lobbyis<br>I have read BSA 15, RSA 15-B, RSA 14-C<br>and complete to the best of my knowledge a | and RSA 664 and hereb                       |   | e foregoing information is true |
| Thy Ill  | <u></u>                                     | April 9, 2019                                       | ata)                            |
| (Signature of lobbyist)  |   | (D  | ate)                            |
| Robert Clegg   |   |   |                                 |

# P E A S P R N

T

### STATE OF NEW HAMPSHIRE

### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

# RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) Robert Clegg, Periklis Karoutas, Debra Vand   | derbeek, Chris Herr   |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |   |
| Legislative Solutions, L.L.C.  |   |
| (Name of partnership, firm or corporation)   |   |
| III. Name of Client New Hampshire Campground Owners Association  | Date April 9, 2019  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:   | relations, or public relations services   |
| a) Total of all fees received in this reporting period   | a) \$ <u>6,000.00</u>   |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)   | b) \$ <u>0</u>  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$ 6,000.00  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$ 0   |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political |
| <ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>  | a) \$ 6,000.00  |
| in a), of \$25 or less.  | b) \$ <u>0</u>  |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$ 0   |

c) Total of all itemized expenditures reported in detail in section VI.

| d) Total expenses for this reporting period  | d) \$ <u>6,000.00</u>              |
|--|------------------------------------|
| (Add lines a, b and c)   |                                    |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ <u>0</u>                     |
| f) Total of all expenses year to date  | f) \$ <u>6,000.00</u>              |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |
|  |                                    |
| A shit ley   | April 9, 2019                      |
| (Signature of lobbyist)  | (Date)                             |
| Robert Clegg   |                                    |
| (Print Name of lobbyist)   |                                    |

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn  | Statement/Affirmation by Lobbyist |
|--------|-----------------------------------|
| Statem | ent of Income and Expenses for:   |

| Name of Lobbying pa     | rtnership, firm, or corpo                                    | oration: Legislative Solution | ns, L.L.C.  |
|-------------------------|--|-------------------------------|---|
| Name of Client (leave   | blank if Statement is for                                    | or the partnership, firm, or  | corporation and not related to a                              |
| particular client):     | ticular client): New Hampshire Campground Owners Association |                               |   |
| Date of Report (check   | one):  |                               |   |
| April 24, 2019 🔼        | July 31, 2019 🗆  | October 30, 2019 🗆            | January 29, 2020 □  |
|                         |  |                               | nd Expenses described above, a<br>umber of Addendum forms bei |
| Addendum A(             | s).  |                               |   |
| Addendum B(             | s).  |                               |   |
| Addendum C(             | s).  |                               |   |
| complete to the best of | f my knowledge and be  | lief.                         | nt and each Addendum is true a                                |
| (Signature of lobbyist) |  |                               | (Date)  |
| Periklis Karoutas       |  |                               |   |
| (Print Name of lobbyis  | S( <i>)</i>  |                               |   |

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying part                            | nership, firm, or corpo                        | oration: Legislative Solutio | ns, L.L.C.   |
|--|--|------------------------------|--|
|  |  |                              | corporation and not related to any                             |
| particular client):                              |  | Campground Owners Associ     |  |
|  |  |                              |  |
| Date of Report (check o                          | one):  |                              |  |
| April 24, 2019 🔀                                 | July 31, 2019 🗆                                | October 30, 2019 🗆           | January 29, 2020 □   |
|  |  |                              | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(s                                     | ).   |                              |  |
| Addendum B(s)                                    | <b>).</b>                                      |                              |  |
| Addendum C(s)                                    | ).   |                              |  |
| I hereby swear or affirm complete to the best of |  | lief.                        | nt and each Addendum is true and                               |
| 1000   | 1/1/0  | April                        | 9, 2019  |
| (Signature of lobbyist)                          |  |                              | (Date)   |
| Debra Vanderbeek                                 | <u>,                                      </u> |                              |  |
| (Print Name of lobbyist                          | ) .  |                              |  |

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyis | ŧ |
|--|---|
| Statement of Income and Expenses for:  |   |

| Name of Lobbying partnersh                                  | ip, firm, or corpora                                      | tion: Legislative Solu | tions, L.L.C.  |
|---|---|------------------------|--|
| Name of Client (leave blank                                 | if Statement is for                                       | the partnership, firm, | or corporation and not related to any                                |
| particular client):N  | ular client): New Hampshire Campground Owners Association |                        |  |
| Date of Report (check one):                                 |   |                        |  |
| April 24, 2019 🛱 July                                       | y 31, 2019 🛚  | October 30, 2019 🗆     | January 29, 2020 □   |
|   |   |                        | e and Expenses described above, and e number of Addendum forms being |
| Addendum C(s).  |   |                        |  |
| I hereby swear or affirm that complete to the best of my kr |   | ef.                    | ment and each Addendum is true and                                   |
| (Signature of lobbyist)                                     |   |                        | (Date)   |
| Chris Herr (Print Name of lobbyist)                         |   | <u>_</u>               |  |